

NOV 12 2004

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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: November 12, 2004

TO: Examiner: Phung Nguyen : **RE: U.S. Patent Application**
Art Unit: 2632 : **Serial No.: 09/754,592**
Fax: (703) 872-9314 : **Applicant: Holmes et al.**
From: Rozell Williams, Jr. : **Atty. Dkt. No.: 9D-HR-19412 Holmes et al.**

DOCUMENTS SUBMITTED WITH TRANSMISSION:

Amendment Transmittal (3 pgs.)
Amendment in response to Office Action dated August 12, 2004 (11 pgs.)
Certificate of Facsimile Transmission (1 pg.)

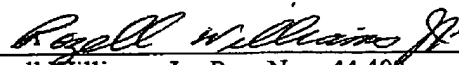
Total pages including cover page: 15

If all pages are not received, please contact: Linda Schindler at Ext. 7018

RE: The above referenced U.S. Patent Application
Title: METHODS AND APPARATUS FOR DETECTING REFRIGERATOR DOOR OPENINGS
Filed: January 5, 2001

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
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Rozell Williams, Jr., Reg. No.: 44,403

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PATENT
Attorney Docket No.: 9D-HR-19412-Holmes et al.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant: Holmes et al.

Serial No.: 09/754,592

Filed: January 5, 2001

For: METHODS AND APPARATUS FOR
DETECTING REFRIGERATOR DOOR
OPENINGS: Art Unit: 2632
:
: Examiner: Nguyen, Phung
:
:
:
:

Mail Stop: AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
- Amendment Transmittal (3 pgs., *in duplicate*)
 - Amendment in response to the Office Action dated August 12, 2004 (11 pgs.)
 - Return post card

STATUS

2. Applicant

☐ claims small entity status.
☒ is other than a small entity.

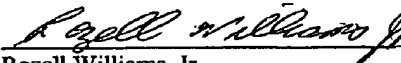
CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING
___ deposited with the United States Postal Service with
sufficient postage as Express Mail, in an envelope
addressed to the Commissioner for Patents, Washington,
D.C. 20231

Date: November 12, 2004

FACSIMILE
✓ transmitted by facsimile to the Patent and
Trademark Office to fax number (703) 872-9314.


Rozell Williams, Jr.
Reg No. 44,403

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NOV 12 2004

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 420.00	\$ 210.00
<input type="checkbox"/> third month	\$ 950.00	\$ 475.00
<input type="checkbox"/> fourth month	\$1,480.00	\$ 740.00
<input type="checkbox"/> fifth month	\$2,010.00	\$1,005.00

Fee Due \$ _____

If an additional extension of time is required, please consider this a petition therefor.
(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	MINUS	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
	TOTAL INDEP.						
				=	x \$9 = \$		x \$18 = \$
				=	x \$43 = \$		x \$86 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$145 = \$		+ \$290 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

FEE PAYMENT


5. Attached is a check in the sum of \$_____
- ☐ Charge Deposit Account No. 01-2384 the sum of \$_____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:


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